

IDENTIFICATION NUMBER
(If applicable)

US EPA RECORDS CENTER REGION 5



514193

931296

1LD006278360
EPA IDENTIFICATION NUMBER

KOSAKOWSKI

RCRA INSPECTION REPORT - INTERIM STATUS STANDARDS
TREATMENT, STORAGE, AND DISPOSAL FACILITIES
Form A - General Facility Standards

I. General Information:

- (A) Facility Name: REILLY TAR AND CHEMICAL CORPORATION
(B) Street: 17th and EDWARDSVILLE RD. (P.O. BOX 370)
(C) City: GRANITE CITY (D) State: ILLINOIS (E) Zip Code: 62040
(F) Phone: 618-452-3141 (G) County: MADISON
(H) Operator: REILLY TAR and CHEMICAL CORPORATION
(I) Street: P.O. BOX 370
(J) City: GRANITE CITY (K) State: ILLINOIS (L) Zip Code: 62040
(M) Phone: 618-452-3141 (N) County: MADISON
(O) Owner: REILLY TAR and CHEMICAL CORPORATION
(P) Street: 151 NORTH DELEWARE SUITE 1510
(Q) City: INDIANAPOLIS (R) State: INDIANA (S) Zip Code: 46204
(T) Phone: 317-638-7531 (U) County: MARION
(V) Date of Inspection: 4/23/81 (W) Time of Inspection (From) 9:00 am (To) 12:00 pm
(X) Weather Conditions: clear, mid-60's

(Y) Person(s) Interviewed

L.L. Pirtle

William A. Justin

Title

Plant Manager

Director Environmental

Control-Coal Tar Division

Telephone

618-452-3141

317-638-7531

(Z) Inspection Participants

Jeff Stern

Agency/Title

Illinois EPA

EPS-I

Telephone

217-782-6760

(AA) Preparer Information

Name

Jeff Stern

Agency/Title

Illinois EPA

EPS-I

Telephone

217-782-6760

II. SITE ACTIVITY:

Complete sections I through VII for all treatment, storage, and/or disposal facilities. Complete the forms (in parenthesis) in section VIII corresponding to the site activities identified below:

☒ A. Storage and/or Treatment

* 1. Containers (I)

* 2. Tanks (J)

* 3. Surface Impoundments (K)

* 4. Waste Piles (L)

☐ B. Land Treatment (M)

☐ C. Landfills (N)

☐ D. Incineration and/or Thermal Treatment
(O and P)

☐ E. Chemical, Physical, and Biological
Treatment (Q)

Note: If facility is also a generator or transporter of hazardous waste complete sections IX and X of this form as appropriate.

III. GENERAL FACILITY STANDARDS:
(Part 265 Subpart B)

	Yes	No	NI*	Remark
(A) Has the Regional Administrator been notified regarding:				
1. Receipt of hazardous waste from a foreign source?	<u>NA</u>	<u> </u>	<u> </u>	<u> </u>
-2. Facility expansion?	<u> </u>	<u> </u>	<u>✓</u>	<u> </u>
(B) General Waste Analysis:				
1. Has the owner or operator obtained a detailed chemical and physical analysis of the waste?	<u>✓</u>	<u> </u>	<u> </u>	<u>lab analysis -</u> <u>quality control</u>
2. Does the owner or operator have a detailed waste analysis plan on file at the facility?	<u>✓</u>	<u> </u>	<u> </u>	<u> </u>
3. Does the waste analysis plan specify procedures for inspection and analysis of each movement of hazardous waste from off-site?	<u>✓</u>	<u> </u>	<u> </u>	<u> </u>
(C) Security - Do security measures include: (if applicable)				
1. 24-Hour surveillance?	<u>✓</u>	<u> </u>	<u> </u>	<u> </u>
2. Artificial or natural barrier around facility?	<u>✓</u>	<u> </u>	<u> </u>	<u> </u>
3. Controlled entry?	<u>✓</u>	<u> </u>	<u> </u>	<u> </u>
4. Danger sign(s) at entrance?	<u> </u>	<u>✓</u>	<u> </u>	<u>Mr. Justin said signs</u> <u>will be put up at the</u> <u>haz. waste storage area</u>
(D) Do Owner or Operator Inspections Include:				
1. Records of malfunctions?	<u>✓</u>	<u>✓</u>	<u> </u>	<u>①</u>
2. Records of operator error?	<u>✓</u>	<u>✓</u>	<u> </u>	<u> </u>
3. Records of discharges?	<u>✓</u>	<u>✓</u>	<u> </u>	<u>barrels for small</u> <u>amounts of mercury</u>

*Not Inspected

	Yes	No	NI*	Remarks
4. Inspection schedule?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	---	①
5. Safety, emergency equipment?	<input checked="" type="checkbox"/>	---	---	
6. Security devices?	---	---	<input checked="" type="checkbox"/>	Mr. Justin felt security devices unnecessary until
7. Operating and structural devices?	---	---	---	incinerator and new waste water treatment systems are
8. Inspection log?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	---	① operating

(E) Do personnel training records include: (Effective 5/19/81)

1. Job titles?	---	<input checked="" type="checkbox"/>	---	
2. Job descriptions?	---	<input checked="" type="checkbox"/>	---	
3. Description of training?	<input checked="" type="checkbox"/>	---	---	supervisors have been trained
4. Records of training?	---	<input checked="" type="checkbox"/>	---	
5. Have facility personnel received required training by 5-19-81?	NA	---	---	supervisors have, but not all personnel who will be in contact with waste
6. Do new personnel receive required training within six months?	NA	---	---	

(F) If required are the following special requirements for ignitable, reactive, or incompatible wastes addressed?

1. Special handling?	---	NA	---	
2. No smoking signs?	---	---	---	
3. Separation and protection from ignition sources?	---	---	---	

*Not Inspected

IV. PREPAREDNESS AND PREVENTION:
(Part 265 Subpart C)

(A) Maintenance and Operation of Facility:

Is there any evidence of fire, explosion, or release of hazardous waste or hazardous waste constituent?

Yes No NI* Remarks

— ✓ —

(B) If required, does the facility have the following equipment:

1. Internal communications or alarm systems?

✓ — —

*telephones,
steam whistle for alarm*

2. Telephone or 2-way radios at the scene of operations?

✓ — —

3. Portable fire extinguishers, fire control, spill control equipment and decontamination equipment?

✓ — —

Indicate the volume of water and/or foam available for fire control:

water: 11 hydrants, 581 gpm.

(C) Testing and Maintenance of Emergency Equipment:

1. Has the owner or operator established testing and maintenance procedures for emergency equipment?

✓ — —

2. Is emergency equipment maintained in operable conditions?

✓ — —

(D) Has owner or operator provided immediate access to internal alarms?, (if needed)

✓ — —

*Not Inspected

(E) Is there adequate aisle space for unobstructed movement? ✓

V. CONTINGENCY PLAN AND EMERGENCY PROCEDURES:
(Part 265 Subpart D)

(A) Does the Contingency Plan contain the following information:

Yes No NI* Remarks

1. The actions facility personnel must take to comply with §265.51 and 265.56 in response to fires, explosions, or any unplanned release of hazardous waste? (If the owner has a Spill Prevention, Control, and Counter-measures (SPCC) Plan, he needs only to amend that plan to incorporate hazardous waste management provisions that are sufficient to comply with the requirements of this Part (as applicable.)
2. Arrangements agreed by local police departments, fire departments hospitals, contractors, and State and local emergency response teams to coordinate emergency services pursuant to §265.37?
3. Names, addresses, and phone numbers (office and home) of all persons qualified to act as emergency coordinators?
4. A list of all emergency equipment at the facility which includes the location and physical description of each item on the list and a brief outline of its capabilities?
5. An evacuation plan for facility personnel where there is a possibility that evacuation could be necessary? (This plan must describe signal(s) to be used to begin evacuation, evacuation routes, and alternate evacuation routes?)

 ✓

 ②

 ✓

 ✓

 ✓

 NA

Yes No NI* Remarks

(B) Are copies of the Contingency Plan available at site and local emergency organizations?

Yes No NI* Remarks
— ✓ —

(C) Emergency Coordinator

1. Is the facility Emergency Coordinator identified?

Yes No NI* Remarks
✓ — —

2. Is coordinator familiar with all aspects of site operation and emergency procedures?

Yes No NI* Remarks
✓ — —

3. Does the Emergency Coordinator have the authority to carry out the Contingency Plan?

Yes No NI* Remarks
~~✓~~ NA —

coordinator identified for fire emergencies

at plant, will be coordinator when cont. plan is finished

(when contingency plan is completed)

(D) Emergency Procedures

If an emergency situation has occurred at this facility, has the Emergency Coordinator followed the emergency procedures listed in 265.56?

Yes No NI* Remarks
— NA —

VI. - MANIFEST SYSTEM, RECORDKEEPING, AND REPORTING
(Part 265 Subpart E)

Yes No NI* Remarks

(A) Use of Manifest System

1. Does the facility follow the procedures listed in §265.71 for processing each manifest?

Yes No NI* Remarks
— NA —

2. Are records of past shipments retained for 3 years?

Yes No NI* Remarks
— — —

nothing shipped off-site yet

(B) Does the owner or operator meet requirements regarding manifest discrepancies?

Yes No NI* Remarks
— ✓ —

*Not Inspected

(C) Operating Record

1. Does the owner or operator maintain an operating record as required in 265.73?

✓

③

2. Does the operating record contain the following information:

**b. The method(s) and date(s) of each waste's treatment, storage, or disposal as required in Appendix I?

✓

(submitted with part A)

c. The location and quantity of each hazardous waste within the facility?

✓

"

***d. A map or diagram of each cell or disposal area showing the location and quantity of each hazardous waste? (This information should be cross-referenced to specific manifest number, if waste was accompanied by a manifest.)

NA

- e. Records and results of all waste analyses, trial tests, monitoring data, and operator inspections?

✓

f. Reports detailing all incidents that required implementation of the Contingency Plan?

NA

g. All closure and post closure costs as applicable? (Effective 5-19-81)

NA

** See page 33252 of the May 19, 1980, Federal Register.

*** Only applies to disposal facilities

VII. CLOSURE AND POST CLOSURE
(Part 265 Subpart G)

	Yes	No	NI*	Remarks
(A) Closure and Post Closure				
1. Is the facility closure plan available for inspection by May 19, 1981?			NA	plan being worked on at home office
2. Has this plan been submitted to the Regional Administrator				
3. Has closure begun?				
4. Is closure estimate available by May 19, 1981?				
(B) Post closure care and use of property				
Has the owner or operator supplied a post closure monitoring plan? (effective by May 19, 1981)				

VIII. FACILITY STANDARDS
(Part 265, Subparts I thru R)

**I
USE AND MANAGEMENT OF CONTAINERS**

Facility Name: REILLY TAR and CHEMICAL CORP. Date of Inspection: 4/23/81

	Yes	No	NI*	Remarks
1. Are containers in good condition?			✓	
2. Are containers compatible with waste in them?	✓			
3. Are containers stored closed?	✓			
4. Are containers managed to prevent leaks?	✓			
5. Are containers inspected weekly for leaks and defects?	✓			
6. Are ignitable & reactive wastes stored at least 15 meters (50 feet) from the facility property line? (Indicate if waste is ignitable or reactive.)			NA	

	Yes	No	NI*	Remarks
7. Are incompatible wastes stored in separate containers? (If not, the provisions of 40 CFR 265.17(b) apply.)		NA		
8. Are containers of incompatible waste separated or protected from each other by physical barriers or sufficient distance?		NA		

J
TANKS

Facility Name: _____

Date of Inspection: _____

1. Are tanks used to store only those wastes which will not cause corrosion, leakage or premature failure of the tank?	✓			
2. Do uncovered tanks have at least 60 cm (2 feet) of freeboard, or dikes or other containment structures?	NA			covered tanks
3. Do continuous feed systems have a waste-feed cutoff?	NA			manual system
4. Are waste analyses done before the tanks are used to store a substantially different waste than before?	NA			
5. Are required daily and weekly inspections done?	✓			(4)
6. Are reactive & ignitable wastes in tanks protected or rendered non-reactive or non-ignitable? Indicate if waste is ignitable or reactive. (If waste is rendered non-reactive or non-ignitable, see treatment requirements.)		NA		
7. Are incompatible wastes stored in separate tanks? (If not, the provisions of 40 CFR 265.17(b) apply.)		↓		

8. Has the owner or operator observed the National Fire Protection Association's buffer zone requirements for tanks containing ignitable or reactive wastes?

Tank capacity: NA gallons

Tank diameter: _____ feet

Distance of tank from property line _____ feet

(See table 2 - 1 through 2 - 6 of NFPA's "Flammable and Combustible Liquids Code - 1977" to determine compliance.)

K
SURFACE IMPOUNDMENTS

Facility Name: _____

Date of Inspection: _____

WASTE STORAGE AREA

1. Do surface impoundments have at least 60 cm (2 feet) of freeboard?

✓

2. Do earthen dikes have protective covers?

NA

concrete sides and liner

3. Are waste analyses done when the impoundment is used to store a substantially different waste than before?

NA

4. Is the freeboard level inspected at least daily?

✓

(5)

5. Are the dikes inspected weekly for evidence of leaks or deterioration?

✓

6. Are reactive & ignitable wastes rendered non-reactive or non-ignitable before storage in a surface impoundment? (If waste is rendered non-reactive or non-ignitable, see treatment requirements.)

NA

7. Are incompatible wastes stored in different impoundments? (If not, the provisions of 40 CFR 265.17(b) apply.)

NA

L

WASTE PILES

Facility Name: _____

Date of Inspection: _____

	Yes	No	NI*	Remarks
1. Are waste piles covered or protected from dispersal by wind?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	concrete walls, material too heavy
2. Is each in-coming movement of waste analyzed before being added to the waste pile?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	heavy to be carried by wind
3. Are leachate, run-off, and run-on controlled as per the requirements of 265.258? (The effective date of this provision is Nov. 19, 1981.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	waste pile is in the impoundment (waste storage area)
4. Are reactive & ignitable wastes rendered non-reactive or non-ignitable before storage in a pile? Indicate if waste is ignitable or reactive. (If waste is rendered non-reactive or non-ignitable, see treatment requirements.)	<input type="checkbox"/>	<input type="checkbox"/>	NA	-creosote contamination objects
5. Are piles of reactive or ignitable waste protected from materials or conditions that might cause them to ignite or react?	<input type="checkbox"/>	<input type="checkbox"/>	NA	
6. Are incompatible wastes stored in different piles? (If not, the provisions of 40 CFR 265.17(b) apply.)	<input type="checkbox"/>	<input type="checkbox"/>	NA	
7. Are piles of incompatible waste protected by barriers or distance from other waste?	<input type="checkbox"/>	<input type="checkbox"/>	NA	

*Not Inspected

	Yes	No	NI*	Remarks
3. Has the owner or operator addressed the waste analysis requirements of 265.402?	_____	_____	_____	_____
4. Are inspection procedures followed according to 265.403?	_____	_____	_____	_____
5. Are the special requirements fulfilled for ignitable or reactive wastes?	_____	_____	_____	_____
6. Are incompatible wastes treated? (If yes, 265.17(b) applies.)	_____	_____	_____	_____

Note: EPA has temporarily suspended the applicability of the requirements of the hazardous waste regulations in 40 CFR Parts 122, 264 and 265 to owners and operators of (1) wastewater treatment tanks that receive, store, and treat wastewaters that are hazardous waste or that generate, store or treat a wastewater treatment sludge which is a hazardous waste where such wastewaters are subject to regulation under Sections 402 or 307(b) of the Clean Water Act (33 U.S.C. 1251 et seq.) and (2) neutralization tanks, transport vehicles, vessels, or containers which neutralize wastes which are hazardous only because they exhibit the corrosivity characteristic under 40 CFR §261.3 or are listed as hazardous wastes in Subpart D of 40 CFR Part 261 only for this reason.

IX

Complete this section if the owner or operator of a TSD facility also generates hazardous waste that is subsequently shipped off-site for treatment, storage, or disposal.

1. MANIFEST REQUIREMENTS

	Yes	No	NI*	Remarks
(A) Does the operator have copies of the manifest available for review?	_____	_____	NA	_____
(B) Do the manifest forms reviewed contain the following information: (If possible, make copies of, or record information from, manifest(s) that do not contain the critical elements)	_____	_____	_____	_____
1. Manifest document number?	_____	_____	_____	_____
2. Name, mailing address, telephone number, and EPA ID Number of Generator	_____	_____	_____	_____

none shipped
off-site

Yes No NI* Remarks

NA

3. Name and EPA ID Number of Transporter(s)?

4. Name, address, and EPA ID Number of Designated permitted facility and alternate facility?

5. The description of the waste(s) (DOT shipping name, DOT hazard class, DOT identification number)?

6. The total quantity of waste(s) and the type and number of containers loaded?

7. Required certification?

8. Required signatures?

(C) Does the owner or operator submit exception reports when needed?

2. PRE-TRANSPORT REQUIREMENTS

(A) Is waste packaged in accordance with DOT Regulations? (Required prior to movement of hazardous waste off-site)

(B) Are waste packages marked and labeled in accordance with DOT regulations concerning hazardous waste materials? (Required to movement of hazardous waste off-site)

(C) If required, are placards available to transporters of hazardous waste?

VI. RECORDKEEPING and REPORTING
(Part 262, Subpart D)

Yes No NI* Remarks

(A) Are Manifests, Annual Reports, Exception Reports, and all test results and analyses retained for at least three years?

____ NA ____

(B) Has the generator submitted Annual Reports and Exception Reports as required?

____ ↓ ____

VII. INTERNATIONAL SHIPMENTS
(Part 262, Subpart E)

Has the installation imported or exported Hazardous Waste?

____ NA ____

(If answered Yes, complete the following as applicable.)

1. Exporting Hazardous waste, has a generator:

a. Notified the Administrator in writing?

____ ____ ____

b. Obtained the signature of the foreign consignee confirming delivery of the waste(s) in the foreign country?

____ ____ ____

c. Met the Manifest requirements?

____ ____ ____

2. Importing Hazardous Waste, has the generator:

Met the manifest requirements?

____ ____ ____

GENERAL INFORMATION

Consolidated Permits Program
(Read the "General Instructions" before starting.)

EPA I.D. NUMBER
11 D 0 0 6 2 7 8 3 6 0 3 D

I. LABEL ITEMS

EPA I.D. NUMBER

FACILITY NAME

FACILITY MAILING ADDRESS

FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		3	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

1 SKIP REILLY TAR & CHEMICAL CORPORATION

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)
2 PIRTELLI, PLANT MANAGER

B. PHONE (area code & no.)
618 452 3141

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX
3 P O BOX 370

B. CITY OR TOWN
4 GRANITE CITY

C. STATE
IL

D. ZIP CODE
62040

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER
5 19th & EDWARDSVILLE ROAD

B. COUNTY NAME
MADISON

C. CITY OR TOWN
6 GRANITE CITY

D. STATE
IL

E. ZIP CODE
62040

F. COUNTY CODE (if known)
119

NOV 18 1980

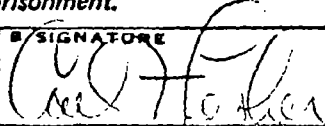
343

SIC CODES (4-digit, in order of priority) 2.8.6.5 (specify) Cyclic (Coal Tar) Grades, & Cyclic Intermediates Dyes, & Organic Pigments (Lakes & Toners)										(specify) 7									
A. FIRST										B. SECOND									
C. THIRD										D. FOURTH									
(specify)										(specify)									
II. OPERATOR INFORMATION A. NAME REILLY T.A.R. & CHEMICAL CORPORATION										U. Is the name listed in Item VIII-A also the owner? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO									
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.) F = FEDERAL M = PUBLIC (other than federal or state) S = STATE O = OTHER (specify) P = PRIVATE										D. PHONE (area code & no.) 317 638 7531									
E. STREET OR P.O. BOX																			
151 NORTH DELAWARE STREET																			
F. CITY OR TOWN										G. STATE		H. ZIP CODE		IX. INDIAN LAND					
B INDIANAPOLIS										IN		46204		Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
X. EXISTING ENVIRONMENTAL PERMITS																			
A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)									
9 N										9 P									
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)									
9 U										(specify)									
C. RCRA (Hazardous Wastes)										E. OTHER (specify)									
9 R										(specify)									
XI. MAP										See Attachment "A"									
Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.																			
XII. NATURE OF BUSINESS (provide a brief description) Distillation of coal tar to produce creosote oil, pipeline enamel and various grades of pitch																			

F9:A/51

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print) Carl F. Leshner, Vice President - General Manager, Refinery Division	B. SIGNATURE 	C. DATE SIGNED 11/1/80
--	--	---------------------------

COMMENTS FOR OFFICIAL USE ONLY

C

ATTACHMENT "A"

EPA I.D. #IL006278360

X. Existing Environmental Permits

Illinois State Permit Number	Source Description	Type
I.D. #119040AAO Permit #02101030	Boilers	Operating - Air
I.D. #119040AAO Permit #03021158	Target Pitch	Operating - Air
I.D. #119040AAO Permit #72111177	Refinery	Operating - Air
I.D. #119040AAO Permit #03032433	Enamel Plant	Operating - Air
I.D. #119040AAO Permit #77120064	320 Tank Heater	Operating - Air
I.D. #119040AAO Permit #1907004	Incinerator	Construction - Air

NON-RESPONSIVE

42'30"

4288

Reilly Tar & Chemical
Corp.
Granite City, Illinois
I.D. #ILD006278360

STATE 270

8 MI. TO ILL.

38° 41' 20" N
90° 8' 20" W

41' 30"

41' 25"

41' 20"

41' 15"

(MONKS MOUND)
2961' N, NE

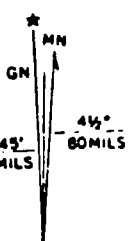
41' 00"

4285

40' 30"

742

4284

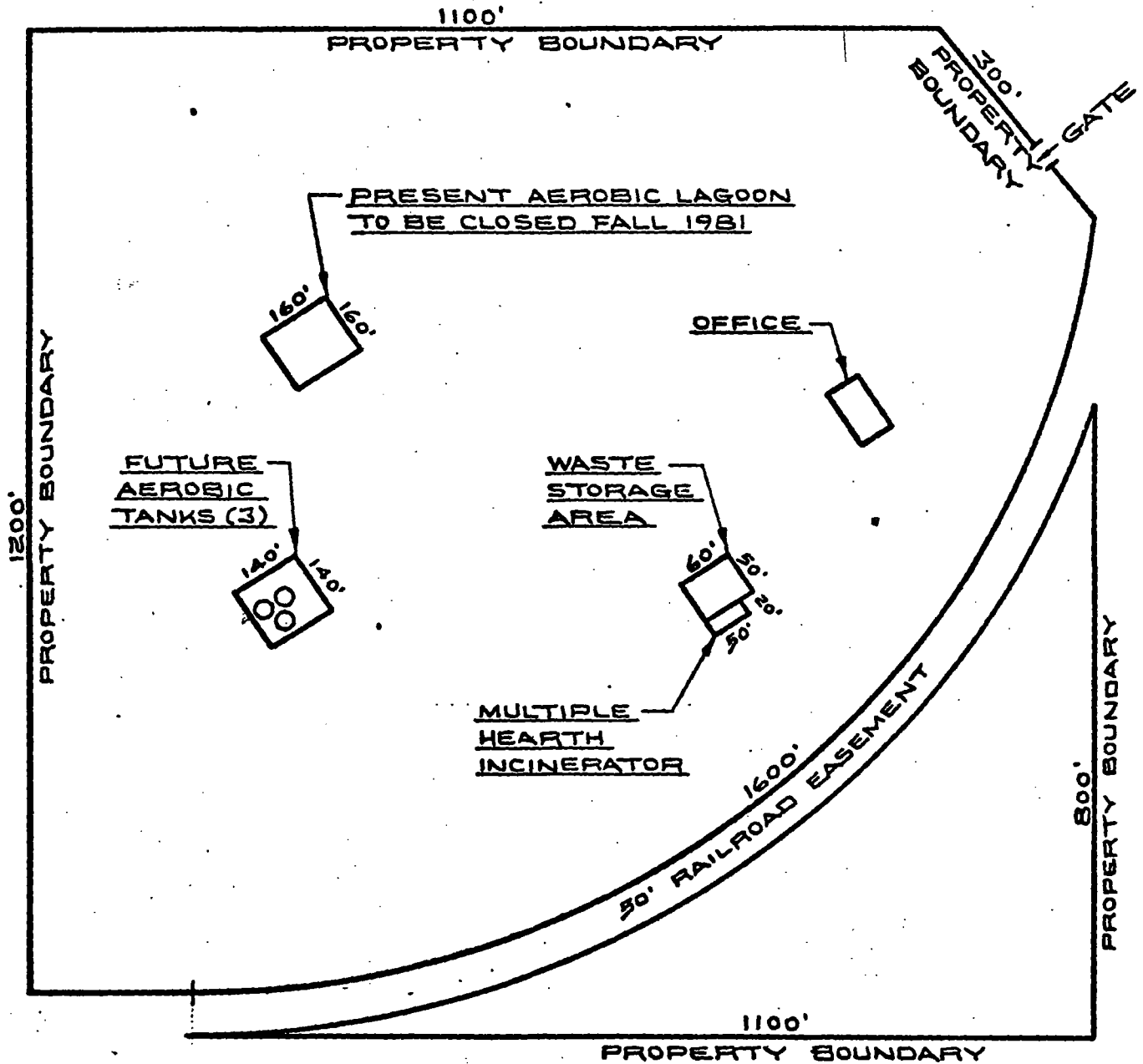


UTM GRID AND 1968 MAGNETIC NO
DECLINATION AT CENTER OF SHE

1 031
(MO.)
T. 3 N.
T. 2 N.

SCALE 1:27000

34
343



OFFICIAL USE ONLY

DATE RECEIVED (yr, mo., & day)	COMMENTS
<div style="display: flex; justify-content: space-between;"> <div> <div>YR</div> <div>MO</div> <div>DAY</div> </div> <div> <div>1</div><div>2</div><div>3</div><div>4</div><div>5</div><div>6</div><div>7</div><div>8</div><div>9</div><div>0</div> </div> </div>	

FIRST OR REVISED APPLICATION

"X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

1. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☒ **1. EXISTING FACILITY** (See instructions for definition of "existing" facility. Complete item below.)

☐ **2. NEW FACILITY** (Complete item below.)

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

YR.	MO.	DAY
<div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <div>8</div> <div>9</div> <div>0</div>	<div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <div>8</div> <div>9</div> <div>0</div>	<div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <div>8</div> <div>9</div> <div>0</div>

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

2. REVISED APPLICATION (place an "X" below and complete Item I above)

☒ **1. FACILITY HAS INTERIM STATUS**

☐ **2. FACILITY HAS A RCRA PERMIT**

PROCESS CODES - CODES AND DESIGN CAPACITIES

PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for listing codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

AMOUNT - Enter the amount.

UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
	S03	CUBIC YARDS OR CUBIC METERS		T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	INCINERATOR	T04	GALLONS PER DAY OR LITERS PER DAY
Disposal:			OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)		
EXHAUSTION WELL	D09	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
SEWAGE DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE
GALLONS	G	LITERS PER DAY	ACRE-FEET	A	
LITERS	L	TONS PER HOUR	HECTARE-METER	F	
CUBIC YARDS	Y	METRIC TONS PER HOUR	ACRES	B	
CUBIC METERS	C	GALLONS PER HOUR	HECTARES	Q	
GALLONS PER DAY	U	LITERS PER HOUR			

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

DUP

13	14	15
3	1	

A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY
	1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)				1. AMOUNT	2. UNIT OF MEASURE (enter code)	
S 0 2	600	G		5	T 0 2	30.000000	G	
T 0 3	20	E		6	S 0 1	110000	G	
T 0 1	30.000000	U		7				
T 0 3	.350	D		8				
S 0 2	71.000000	G		9				
S 0 3	1.106000	Y		10				

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE
POUNDS.....	P
TONS.....	T

METRIC UNIT OF MEASURE	CODE
KILOGRAMS.....	K
METRIC TONS.....	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				

included with above

continued on page 4

A Form 3510-3 (6-80)

343

EPA I.D. NO. (enter from page 1)

T I D 0 0 6 2 7 8 3 6 0 5 6

FACILITY DRAWING

Existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

E6: A/55

PHOTOGRAPHS

Existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

E6: A/56

FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

3 8 4 1 0 2 0 0 2 0 0

LONGITUDE (degrees, minutes, & seconds)

0 9 0 0 8 0 2 0 0 2 0 0

FACILITY OWNER

A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME (print or type)

C. F. Leshner, Vice President -
General Manager, Refinery Division

B. SIGNATURE

C. F. Leshner

C. DATE SIGNED

17 November 1980

OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME (print or type)

C. F. Leshner, Vice President -
General Manager, Refinery Division

B. SIGNATURE

C. F. Leshner

C. DATE SIGNED

17 November 1980

C
(9)

 $(1\bar{1})$

(18)

10

 $(2\bar{0})$

(25)

(26)

(27)

(29)

AUTHORIZATION:

Variance ()

Board Order ()
Illegal (5) ()

(31)

(62)

[illegible]

DIAGRAM:

10' x 4' = 40'
14' x 4' = 56'
10' x 14' = 140'

OTHER COMMENTS: The perimeter of the area is 10' + 14' + 10' + 14' = 48'.

TO: Division File DATE: 2/13/91FROM: 1015 ☐ Information onlySUBJECT: City of Peoria, Ill. and Chemical ILD006278360
(Machinex Co.) 119000000 ☐ Response requested

operating. They have a construction permit from the Illinois EPA.

The bio oxidation system for wastewater from production of creosote oil that was listed in the Part A has not been constructed yet. This system will apparently produce a sludge which is hazardous (KOC). Currently, tanks and an aerobic lagoon (not listed in the part A), are being used for wastewater treatment. Mr. Justin said that the lagoon should be cleaned out by August. This lagoon has no liner. It is apparently not being included in this facility's hazardous waste program.



ILLINOIS ENVIRONMENTAL PROTECTION AGENCY

ISS

MEMORANDUM

TO: Director, EPA DATE: 5/11/81FROM: ISS ☐ Information onlySUBJECT: Grant Co. / Roll-Tech Chemical ILD006278360 ☐ Response requested
Roll-Tech (Hanson Co.) 11904006

A copy of the completed contingency plan for this facility was sent to this office and received in mid-May. This facility had no contingency plan on April 23, 1981, the date of the original ISS inspection. The plan has been reviewed and comments are as follows:

1) Home addresses and phone numbers for emergency coordinators were not listed.

2) Although coordinators were listed in order of notification a primary coordinator was not identified.

3) The cont. plan contains sections dealing with inspection. However, it did not state how frequently the solid waste basement (waste storage area) will be inspected. In addition, there was no mention of inspections at the existing waste lagoon.

W.H. Justin, Director of Environmental Control, was contacted concerning the inadequacies of the plan. In a letter dated May 26, 1981 Mr. Justin sent me amendments to the plan that list the home addresses and phone numbers of emergency coordinators and identify the primary coordinator. Also, inspection forms for the solid waste basement and storage tanks have been developed that specify they will be inspected daily. There still is no inspection form for the existing waste lagoon although Mr. Justin informed me that it is being inspected daily.